

WORK-IN-PROGRESS & LESSONS LEARNED

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Female Sex Work Within the Rural Immigrant Latino Community in the Southeast United States: An Exploratory Qualitative Community-Based Participatory Research Study

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Abstract

Background: Little is known about the structure and context of, and the risks encountered in, sex work in the United States.

Objective: This community-based participatory research (CBPR) study explored female sex work and the feasibility of conducting a larger study of sex work within the immigrant Latino community in North Carolina.

Methods: Twelve abbreviated life story interviews were conducted with Latina women who sold sex, other women who sold sex to Latino men, and Latino men who hired sex workers. Content analysis was used to analyze narrative data.

Results: Themes emerged to describe the structure of sex work, motivations to sell and hire sex, and the sexual health-related needs of sex workers. Lessons learned included the ease of recruiting sex workers and clients, the need to develop relationships with controllers and bar owners/managers, and

the high compensation costs to reimburse sex workers for participation.

Conclusions: Study findings suggest that it is possible to identify and recruit sex workers and clients and collect formative data within this highly vulnerable and neglected community; the prevention of HIV and STDs is a priority among sex workers, and the need for a larger study to include non-Latino men who report using Latina sex workers, other community insiders (e.g., bartenders), and service providers for Latina sex workers.

Keywords

Community-based participatory research, community health partnerships, health promotion, rural population, HIV/AIDS, sexually transmitted diseases, women's health, health disparities

Latinos in the United States continue to be disproportionately impacted by HIV/AIDS. Latinos have the second highest rate of AIDS diagnoses of all racial and ethnic groups, accounting for nearly 20% of the total number of new annual AIDS cases.¹ Rates of reportable sexually transmitted diseases (STDs) also are higher among Latinos than among non-Latino Whites.² Many southeastern states, including North Carolina, consistently lead the United States in HIV and STD infection rates.^{1,2}

The few studies available indicate that the use of female sex workers may be high among some immigrant Latino

men, ranging from 28% among urban men during the past 12 months³ to 32% among rural unaccompanied men during the past three months,⁴ 36% of migrant workers during the past month,⁵ 45% among recently arrived male farmworkers during the past year,⁶ and 47.2% of migrant workers during the past month.⁷ In one study, although one of six male Latino farmworkers reported ever paying a woman to have sex, 64% who reported having had sex during the past 3 months reported paying a woman to have sex.⁸

Despite the high rates of use of sex workers by immigrant Latino men, little is known about the structure and context

of sex work within the southeast,⁹ a region experiencing the fastest Latino community growth rate in the country.^{10,11} The majority of Latinos immigrating to the southeastern United States, and North Carolina in particular, arrive from southern Mexico and Central America, have lower educational attainment, and are younger than those who historically immigrated to Arizona, California, New York, or Texas from northern and central Mexico.¹¹⁻¹⁹

This study was designed by our CBPR partnership to begin to fill this gap by exploring female sex work within the immigrant Latino community and assessing the feasibility of conducting a larger study of sex work.

METHODS

CBPR

Our CBPR partnership is composed of representatives from the local Latino community, public health departments, community-based organizations, and universities.^{15,19-22} Blending the lived experiences of community members, the public health and service provision experiences of organizational representatives, and sound science yields research questions that are more pertinent to community health, study designs that are authentic to communities, more informed understandings of health-related phenomena, and interventions that are more relevant, culturally congruent, and, consequently, more successful.²⁰⁻²⁶ Our partnership adheres to principles that include building on partner strengths, moving findings into action, and disseminating findings to community members, policymakers, and research and clinical audiences.^{14,20,21,27,28}

Despite our 10-year history working with and for Latino men and women focusing on sexual health promotion and HIV and STD prevention,^{14,19,20,22,27-30} our partnership lacked systematically collected data on the structure of sex work, the context of sex work, the risk behaviors encountered, and potential approaches to effectively intervene, particularly from the emic (“insider”)³¹ perspective of Latina sex workers themselves. An academic partner (the first author) particularly struggled with how to rationalize the exploration of the HIV and STD prevention among Latina sex workers, given the potential human rights issues faced by these women and our potential inability to address these women’s needs. After

iterative dialogue initiated by Latino men (partnership members) who shared their observations and perspectives about sex work within the community and pointed to the limited existing partnership data that suggested that some Latino men use sex workers^{4,8,15} and ongoing conversations with experts from the Centers for Disease Control and Prevention who were concerned about the high prevalence of STDs in the southeastern United States, we concluded that developing a better understanding of sex work within the Latino community was true to the spirit of the partnership despite the lack of a clear plan for how the data could be used. A Latino partner noted:

We are worried about what we can do for Latina sex workers based on what we learn. We worry that they’ll need help that we aren’t prepared to offer. But our fear should not take precedence over the potential to help these women. We owe it to our community to explore sex work so that we can understand if we can help [and] how we can help.

Partnership members also were unsure of the feasibility of this research given the stigma associated with sex work and the fear of those engaging in sex work (e.g., sex workers, clients, and controllers [also known as “pimps”]) to participate.

Inclusion and Instrumentation

In 2010, three groups of participants were recruited to complete abbreviated life story interviews.³² They included immigrant Latina women who sold sex for money to men of any ethnicity or race, women of any ethnicity or race who sold sex for money to Latino men, and immigrant Latino men who hired sex workers with money within the past 6 months. Past-6-months sex (oral, vaginal, and/or anal) was chosen because partnership members wanted current perspectives and not the perspectives of those who had been involved in sex work less recently. Participants provided written informed consent and were paid \$50.00 for their participation. Participants were from three contiguous rural counties in North Carolina selected because, compared with other counties in North Carolina, these counties had greater percentages of Latinos and more rapid Latino community growth rates.¹¹

Using purposive snowball sampling (successful in other partnership studies^{23,33,34}), partnership members suggested one person within each participant group. Potential participants were approached, screened, consented, and interviewed. Each

interview ranged from 90 to 150 minutes. At the conclusion of the interview, participants identified others who met the inclusion criteria. They provided potential participants the study's toll-free telephone number or brought the potential participant to meet the interviewer and schedule screening. Snowball sampling was chosen because it can overcome barriers to identifying potential participants and their reluctance to participate in research on a topic that is highly sensitive and very private.

An abbreviated life story approach was chosen because data and feedback from partners suggested that participants were more likely to engage with a well-trained interviewer who could establish trust.^{14,15,27,33} This approach can be a highly effective and culturally congruent because some Latinos value *personalismo*, a cultural feature that emphasizes interpersonal engagement.³⁵ Based on previous qualitative research of sex work,³⁶⁻³⁸ the abbreviated life story interview guide was developed, reviewed, and approved by the partnership. An interview guide overview is outlined in Table 1.

Human subject oversight was provided by the Institutional Review Board of Wake Forest Health Sciences.

Interviewers

Three partnership members—native Spanish-speaking man and woman, and a non-Spanish-speaking woman—were trained in abbreviated life story interviewing and sexual health research.

Data Analysis and Interpretation

Transcription was completed by professional transcriptionists who are native speakers for each of the Spanish and English interviews. After a transcript was created, it was verified by a partnership member who listened to the original audio-recording and compared it with the transcript. Discrepancies were corrected. Transcripts were professionally translated into English or Spanish and verified given that simultaneous, collaborative analysis of qualitative data by speakers of different languages (in this case Spanish and English speakers), with iterative discussion and reflection of codes and themes, yield more accurate findings.^{35,39}

Constant comparison, an approach to develop grounded theory, was used to understand the array of experiences.⁴⁰ Open coding was used to organize the transcript data into broad conceptual domains⁴¹ by four coders from the partnership: A

female and male Latina/o community member, a community-based organization representative, and an academic researcher. Coders were trained by the first author and a community member using an existing training the partnership developed. Codes were reviewed and revised to identify common themes⁴² and then interpreted by the partnership. In this analysis, domains referred to topical areas relevant to the data.⁴¹

RESULTS

Of 14 eligible participants recruited, 12 agreed to enroll. Demographics are presented in Table 2. The mean age of Latina sex workers was 32 years. All spoke only Spanish. One Latina sex worker reported being male-to-female transgender and one reported having a controller. The mean age of non-Latina sex workers was 39 years. All spoke only English. The mean age of Latino clients was 36 years. All spoke only Spanish and were unaccompanied (no partner/spouse in the United States). It was not known whether the Latino clients had hired any of the participating sex workers; however, it is possible because participants were dispersed throughout the catchment area. Although documentation status was not assessed, two of the Latina sex workers and three of the Latino men disclosed that they were undocumented.

Qualitative Themes

Qualitative themes were organized into four domains (Table 3): The structure of sex work, motivations to sell sex, motivations to hire sex workers, and sexual health-related issues.

Structure of Sex Work. Variety of referral sources for clients to obtain sex workers exist. Commonly, Latino clients call a telephone number, available from informal social networks, of a controller to arrange for a sex worker. The controller assesses potential client credibility, arranges an appointment, and transports the sex worker to the client. Other referral sources included taxi drivers who can quickly locate sex workers in the community. Participants noted sex workers can be found in parks and hotels, although participants noted Latina sex workers more often work in bars and billiard halls within the Latino community.

Controllers protect sex workers from drunk and violent clients. Participants reported controllers were physically strong, intimidating, and carried weapons. Controllers were described as “being just outside” of the room to ensure sex worker safety.

Table 1. Domains and Abbreviated Sample Items From the Individual In-Depth Interview Guide for Sex Workers and Clients

Sex Worker Sociodemographics	Client Sociodemographics
Description of a Typical Day	
Think about what a typical day for you is like and tell me about that from the time you first start your day through the next 24 hours.	
Pivotal Life Events	
Now thinking about your life as a whole, tell me about some of the important events in your life.	
Experiences With Sex Work	Experiences With Paying for Sex
What were the circumstances that led to this kind of work?	When was the most recent time you paid for sex?
Tell me about your work.	How did you make contact with a sex worker?
How do you meet clients?	Did you make contact with a sex worker?
How you decide what to charge?	How did you negotiate price?
How much of the money do you get to keep?	Where did sex take place?
Where does the rest of the money go? To whom?	
What role, if any, does alcohol have in selling sex?	
For you or for your clients?	
What role, if any, do drugs have in selling sex?	
For you or for your clients?	
Clients	
How would you describe most of your clients?	
Where they come from? Are they from the United States or what countries?	
How do you make contact with old clients?	
Where and when do you meet them?	
How do you make contact with new clients?	
Where and when do you meet them?	
Who helps you make the contacts?	
About how many clients do you see in a day? In a week?	
Where does the sex usually take place?	
Sexual Behaviors	Sexual Behaviors
What kind of things do you do to get ready for having sex with a client?	What specifically did you do with the sex worker?
What are the different kinds of sex acts requested by clients?	What kinds of requests or requirements did the sex worker have before having sex?
How do prices differ for different kinds of sex acts?	Were there things that you wanted the sex worker to do that the sex worker would NOT do?
What can he do to protect himself?	Are there things that you do with sex workers that you do not do otherwise?
Who sets these conditions or rules?	If condoms were used during the sex, where did you get them?
What has been your experience if the client doesn't agree with the conditions you set?	If condoms were not used during the sex, what is the reason for not using them?
What kinds of things do you do protect yourself from STDs or HIV?	How many other persons do you have sex with on a regular basis? Who are they?
Now I would like you to tell me about other persons you have sex with, perhaps spouses, boyfriends, friends, and "pimps".	Have any of your sex partners been men?
How is what you do with this person(s) different from what you do with a paying client?	What kind of sex do you have with them?

table continues

Table 1. *Continued*

Sex Worker Sociodemographics	Client Sociodemographics
Drug and Alcohol Use	Drug and Alcohol Use
Under what circumstances have you used alcohol in your personal life or with clients?	What role does alcohol play in sex with sex workers?
If you have used alcohol with clients, describe what happened the last time you used alcohol and had sex with a client.	What effect does it have on the price or the kind of sex acts?
What has been your experience with using drugs?	What effect does it have on safer sex?
If drugs are used, with whom do you generally use drugs?	What role do drugs play in having sex with sex workers?
If drugs are used, what kinds of drugs are used?	How do they affect the price or the kind of sex acts?
How and where are the drugs usually obtained?	How do drugs affect what happens during sex?
If you have used drugs with clients, please describe what happened the last time you used drugs and had sex with a client.	If drugs are used, which drugs are used and why those drugs (as opposed to others)?
What has been your experience with dealing with clients who are intoxicated or under the influence of drugs?	Are there things that you do with sex workers when using alcohol or drugs that you do not do otherwise?
	Do you use drugs or alcohol with your other sex partners?
Services	Services
What kinds of health or other risks are there for women like you?	What kinds of health or other risks are there for a man who pays for sex?
What can women who get money for sex do protect themselves?	What can he do to protect himself?
What would you do if you thought you had gotten an infection from having sex?	What would you do if you thought you had gotten an infection from having sex?
What has been your experience with using services for STIs or HIV/AIDS?	Are you worried about getting an STI or HIV/AIDS?
Which services have you used?	What has been your experience with using services for STIs or HIV/AIDS?
If you have not used any of these services, please explain why you have not used these services	Which services have you used?
What suggestions do you have for improving or making it easier for you to use these services?	If you have not used any of these services, please explain why you have not used these services
	What suggestions do you have for improving or making it easier for you to use these services?
	Have you ever been tested for HIV?
	If yes, what were the circumstances?
	If yes, were you told your test result?
Closing	Closing
Is there anything else you would like to tell me about sex work?	Is there anything else you would like to tell me about sex work?

The one sex worker (#3) with a controller reported:

He [client] couldn't cum, and I told him that his time was up. He got mad and pulled out a knife. I yelled for the man [controller]. He [client] tried to keep him out of the room, but [controller] got in the room. We escaped.

Although the controller was identified as using force to protect the sex worker, it was not clear whether force would be used against the sex worker, or whether she was free to leave the controller.

Bar-based sex workers "get to know" clients before having sex. Some bars attract large numbers of Latino men and often

hire Latina women to socialize with customers, encouraging them to buy \$20 beers. At the end of the night, the women are paid by the bar owner about half of each beer sold. They are not being paid for sex; a Latina sex worker (#1) shared:

I get the customer to buy beer, saying, 'To get me to stay around, you must buy more beer or I have to talk to other customers.' I don't drink it. These men buy beer and get drunk. It is not cheap. After we are more acquainted, I might make an appointment with him to meet on the side for sex, but he pays for that too.

Sex workers and controllers are fearful of police and

immigration. Sex workers and clients reported being afraid of racial profiling, detention, and deportation. None of the Latina sex workers indicated that being sent home would be better than engaging in sex work. However, all participants reported avoiding supportive services and care systems for fear of being discovered. A Latina sex worker (#4) noted, “You cannot trust the system here. Latinos get sent home [to their countries of origin] for going to the health department.”

Motivations to Sell Sex. Sex workers perceive limited economic options. Latina sex workers reported that options to make money were limited because of their gender, low educational attainment, lack of job training, and being non-English speaking. The work in local communities (e.g., construction) was described as being difficult work that, as women, they either could not physically do or were not given the opportunity by employers to do. Also, during the winter months when there is no farm work, sex work was one of the few employment options.

Some sex workers need money for drugs. The non-Latina sex workers reported that sex work provided income for drugs.

Only one Latina sex worker reported current use of drugs, and no Latina sex worker reported using drugs or drinking alcohol during sex work.

Client Motivations to Hire Sex Workers. Few social options exist in rural communities. Participants discussed immigrant Latino men’s limited social options. A client (#12) reported:

Men are living in these communities with nothing to do. We drink; we play soccer. That is all. Our minds go to sex . . . sex is a natural part of being human, but I also tell you that I know men like me who also do it because there is nothing else to do.

Some men are lonely. Sex can allow single or unaccompanied men to be physically and emotionally close to another person. A client (#9) noted, “I need to be with a woman, not just to have sex but to be close, to feel complete, to talk to; sex is easy to fill the void I feel.” Furthermore, loneliness was associated with feelings of indifference about one’s health, as a client (#11) shared:

When you are lonely, you look for what is going to fix it, and sex might. For a short time, you do feel better. Health becomes a lower priority than feeling better about yourself.

Table 2. Demographic Characteristics of Participants by Inclusion Criteria

Participant ID	Age (yrs)	Country of Origin	Years in US	Living Situation	Partnership Status	Preferred Language
Latina Sex Worker (n = 4)						
1	48	Mexico	12	Relatives and 2 adult children	Single	Spanish
2*	28	Mexico	7	Alone	Single	Spanish
3	25	Mexico	3	Controller	Single	Spanish
4	27	Mexico	4	Male partner/spouse	Male partner	Spanish
Non-Latina Sex Worker (n = 4)						
5	37	USA		Friend	Single	English
6	27	USA		Mother	Single	English
7	44	USA		Employers	Single	English
8	49	USA		Self	Single	English
Latino Client (n = 4)						
9	49	Mexico	15	Cousin	Female partner in Mexico	Spanish
10	40	Mexico	12	Extended family, all Latino men	Female partner in Mexico	Spanish
11	29	Mexico	5	Non-related group of other Latinos	Single	Spanish
12	25	Mexico	6	Non-related group of other Latinos	Separated	Spanish

* Male-to-female transgender.

Some men need to prove their masculinity. Some men are challenged by life as an immigrant because they cannot meet sociocultural expectations of being a man. A client (#9) commented:

Because we are treated badly here, men feel like they must prove themselves as men. Some men are going to do what it takes to show others that they are men. Sex is a way to show others that we are still men.

Some men desire sexual experimentation. Some men choose to hire a sex worker for sexual experimentation. A Latina sex worker (#3) reported, “I offer the opportunity to experiment with sex [activities] that they cannot ask of their wives.”

Sex workers are available. Often the use of sex workers was based on availability and convenience. A client (#12) concluded:

If you want someone to come to your house, that’s easy. If you want to go someplace to find a girl, I am talking about sex; that’s easy. I can get you a woman right now; in 20 minutes she will be here.

Sexual Health-Related Themes. Limited understanding of reproductive and sexual health. All participants had limited understanding of HIV and STD transmission, prevention, and treatment; however, Latina sex workers had more misconceptions than the non-Latina sex workers. For example, a Latina sex worker (#3) suggested that anal intercourse reduced the risk of HIV.

Limited knowledge of available services. Beside misinformation about risk, participants reported not knowing about free or subsidized health services for which they are eligible. A Latina sex worker (#4) reported, “There is nothing here for us because I have no papers and cannot pay. I have nowhere to go.”

Clients do not want to use condoms. Clients have power in condom use because sex workers who are willing to not use condoms are available. A Latina sex worker (#3) reported her controller required clients to use condoms; however, when she is alone with a client, she is willing to do what the client wants in terms of condom use.

Condom use was low within two contexts. First, condom use was perceived to be less common among Latino clients who have recently arrived to the United States. Participants indicated that these men come from low incidence areas in Mexico and Central America and have had less exposure to

HIV and STD information; thus, they do not know their risks. Second, as familiarity increases between clients and sex workers, condom use decreased.

Alcohol use during sex may be high among some clients. Sex workers reported not using alcohol during sex work; however, most of their clients drink before and during sex. As noted by a non-Latina sex worker (#7), “I don’t use it [alcohol], but I’d say all of my clients have been drinking.”

Drug use does not seem to be common among clients. None of the Latina sex workers could think of an instance when they suspected a Latino client was using drugs. None of the clients reported ever using drugs during sex with a sex worker nor had they heard of another Latino man using drugs before or during sex with a sex worker.

Lessons Learned for Future Studies of Sex Work Within the Immigrant Latino Community

First, because CBPR partners had established trust, it was feasible to identify and enroll sex workers and clients through naturally existing networks. Second, the results confirmed sex

Table 3. Qualitative Themes

Structure of Sex Work
There are a variety of referral sources for clients to obtain sex workers
Controllers were identified as protecting sex workers from drunk and violent clients
Bar-based sex workers “get to know” clients before sex
Sex workers and controllers are fearful of police and immigration
Motivations to Sell Sex
Sex workers perceive limited economic options
Some sex workers need money for drugs
Client Motivations to Hire Sex Workers
Few social options exist in rural communities
Some men are lonely
Some men perceive a need to prove their masculinity
Some men desire sexual experimentation
Sex workers are available and convenient
Sexual Health-Related Themes
Limited understanding reproductive and sexual health
Limited knowledge of available services
Alcohol use during sex may be high among some clients
Clients do not want to use condoms
Drug use does not seem to be common among clients

workers and clients are willing to discuss personal experiences with sex work. Third, controllers and bar owners/managers were identified as playing important roles in the sex work structure.

Fourth, sex workers availability of for participation varied. Bar-based sex workers and those without a controller were available during their nonworking hours, and were more unavailable on paydays, afternoons, and evenings. The Latina sex worker with a controller was only available for an interview within the premise of a sexual encounter.

Finally, study participation compensation for sex workers must mirror their earnable wages. In this study, participants were paid \$50 per interview, which became problematic with the sex worker who had to give her controller \$30 for each 15 minutes. In this case, the interviewer increased compensation.

DISCUSSION

This is the first study that we are aware of that qualitatively explores sex work among immigrant Latinos within the southeastern United States. Several findings deserve highlighting. There are different structures of sex work within the Latino community, including sex workers who work for controllers, are bar based, and work independently. Each structure has different referral processes. Furthermore, despite evidence of brothels in rural North Carolina,⁴³ this study did not uncover data about brothel-based sex work; future studies must explore brothel-based sex work.

Results suggested there were unmet sexual health-related needs among both sex workers and clients. Further information about reproductive and sexual health, and available service access, especially anonymous and free/low-cost options, was needed. Found to be effective internationally,^{38,44-47} peer-based social support interventions to increase sexual and reproductive health understanding; share experiences; facilitate service utilization; and build communication, advocacy, and condom use skills may be useful for reducing risk among sex workers and clients.

Sex work was reported as being based on the lack of other employment options. Exploring ways to increase job and English-language skills and access to micro-enterprise/microfinance programs may provide alternatives and risk reduction for women. These types of interventions also have been successful internationally.^{47,48}

The motivations identified to hire sex workers varied, including loneliness and the lack of social opportunities.

Intervention efforts that include activities such as English classes, sports and other recreational options, or church activities may be useful. Establishing locations where Latino men can communicate more regularly with their families (e.g., Internet cafes), for example, might be a structural intervention to reduce hiring sex workers.^{8,49}

Sex workers reported avoiding alcohol during sex with clients, although clients often used alcohol. Illicit drug use was not common, reflective of use among southeastern U.S. immigrant Latinos.^{8,14,15,50} Sexual health interventions should continue to consider the implications of alcohol use in sexual encounters.

The Use of CBPR

Without community members advocating for this research, this line of inquiry would not have been initiated. Although the partnership is committed building capacity and finding expertise (e.g., consultants),²¹ it was unclear what the potential capacity would be needed and whether sources would be available to meet Latina sex workers' needs. Having community members push the partnership to conduct this research galvanized this important line of inquiry, and ensured the most vulnerable did not remain neglected.

This study was successful in recruiting and collecting rich data from Latina sex workers and clients. This is significant given communities in which publicity over partnerships between local law enforcement and U.S. Immigration and Customs Enforcement, and allegations that public health department records are used in deportation proceedings, have contributed to fears and distrust among many immigrant Latinos. Within this sociopolitical environment, this population is particularly difficult to access and suspicious of research.^{34,51} However, the partnership's reputation in the local community superseded these challenges. Although discussions of sex and sex work were difficult for some participants, the partners' insights ensured that the interview questions were carefully worded, respectful, meaningful, and the training for interviewers was thorough and based on participants' expectations.

Finally, this study allowed us to identify and recruit new members to our partnership, including a former Latina sex worker; a current Latina sex worker who provides sex for money to Latino male clients; and an immigrant Latino who worked as a bartender in, and remains linked to, local cantinas

that facilitate Latina sex workers and Latino men networking.

Limitations

This study was designed to initiate a line of inquiry and explore feasibility for a larger study. To better understand and characterize sex work, a larger study is warranted to reach saturation to generate hypotheses for testing. It must include participants from a broad range of structures (e.g., brothels, bars, controllers) and participants more reflective of the community composition to be more generalizable; although the majority of Latino immigrants in the Southeast come from Mexico, immigrants also come from El Salvador, Guatemala, and Honduras.¹¹ This study did not recruit immigrants from these other countries, further limiting this study's generalizability. There also is a need to collect data from non-Latino men who report using Latina female and Latina male-to-female transgender sex workers, other community insiders (e.g., controllers, bartenders, bar managers/owners), and service providers (e.g., health department, free clinic, law enforcement, legal aid personnel).

This study used snowball sampling, and thus may not reflect the experiences of other communities (e.g., male sex work); however, evidence of male sex work was identified and future studies are warranted. The cross-sectional design does not allow for exploring causation; this limitation is also present in quantitative correlational studies. However, before longitudinal studies can be proposed, comprehensive formative studies must identify potential variables and constructs and assess feasibility.

Finally, this study did not provide insights into sex trafficking. There is evidence that Mexican and Central American women are being smuggled into the United States and required to pay their debts by providing sex. Although some women enter sex work of their own volition and others are trafficked, most enter sex work because of limited economic opportunities. Thus, the root causes may be similar, but the entry mechanisms may differ. Given that nearly 25% of the

estimated 20,000 individuals brought into the United States through sex trafficking arrive in the Southeast,⁵² further research to distinguish these groups is needed.

Next Steps

Based on findings and lessons learned, partnerships members wrote a grant proposal that is currently in review to build on this line of inquiry. Given the dearth of research available on sex work within the rapidly growing Latino community in the United States, they partnered with Centers for Disease Control and Prevention and other university's experts who have particular experiences in international sex worker research. The subsequent research will build on the current research's feasibility and overcome weaknesses by including a larger and more diverse sample, including a wider range of countries of origin, non-Latino men who report using Latina female and/or male-to-female transgender sex workers, other community insiders (e.g., controllers, bartenders, bar managers/owners), and providers of services to Latina sex workers (e.g., health department, free clinic, law enforcement, legal aid personnel). With more study data, partners will develop a quantitative study and/or an intervention. The partnership is committed to action, a hallmark of CBPR, but recognizes the importance of a firm foundation on which to plan next steps; further exploratory research is clearly needed.

CONCLUSION

To reduce disproportionate the HIV and STD burdens borne by Latinos in the United States, we must increase our understanding of the epidemics particularly among vulnerable and neglected subgroups that may be at increased risk. Further trust building is essential to reach other types of sex workers, clients, community insiders, and service providers. CBPR was key to our study's success and will continue to be essential in applying these findings to design and implement much-needed subsequent studies with the long-term goal of reducing risks within the Latino community.

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